Wisconsin Department of Health and Family Services

Pharmacy NewsCapsule

Division of Disability and Elder Services/Bureau of Quality Assurance(BQA) Oct-Dec 05

Infection Control Pearls

By Doug Englebert, Pharmacy Practice Consultant

The Influenza season is upon us. "The Bird Flu" has been a hot topic in the media lately and is a legitimate concern that needs to be addressed. A side effect of the discussion of the "bird flu" is an increasing awareness of influenza, pneumococcal infections, and other infectious diseases. Taking advantage of this increased awareness, the following is a discussion of some recent resources, changes, and potential changes that are occurring in the world of infectious disease.

Antibiotic Resistance

The Bureau of Communicable Diseases and Preparedness (BCDP) issued updated guidelines on antibiotic resistance titled "Guidelines for Prevention and Control of Antibiotic Resistant Organisms in Health Care Settings." This document replaces a 1998 document and is available at http://dhfs.wisconsin.gov/communicable/pdf_files/AROGuide_0905.pdf.

The significant changes to these guidelines are:

- Much of the background information in the 1998 manual has been eliminated to create a quicker, more concise reference document.
- The guidelines promote the use of active surveillance culture for certain circumstances in some health care settings.
- The ability to "clear" a person with a past history of antibiotic resistant organisms by use of three negative cultures has been eliminated.
- Use of alcohol gel as the primary method of hand hygiene is encouraged.

Prevention and Control of Influenza in LTC Facilities

The BCDP has issued guidelines on preventing and controlling influenza. The guidelines are available at http://www.dhfs.state.wi.us/communicable/influenza/.

In addition to the BCDP guidelines on influenza, The Centers for Medicare and Medicaid Services is continuing to make a concerted effort to ensure high risk individuals, including the elderly and those living in long term care facilities, receive the influenza and pneumococcal vaccinations. Vaccination can significantly

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Medicare Part D

By Doug Englebert, R.Ph.

As of October 1, the companies that are offering Medicare Part D drug plans have begun marketing the various drug coverage plans that are available to individuals who are eligible for Medicare. Consumers can start signing up on November 15, 2005, for coverage that will become effective on January 1, 2006.

Medicare-eligible consumers will be receiving various informational materials in the mail to help them make a plan choice. Many of the county aging departments and various advocacy groups will offer outreach programs to assist

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New Drugs

By Doug Englebert, R.Ph.

New Products		
Baraclude	Entecavir	Oral antiviral for treatment of chronic hepatitis B
Increlex	Mecasemin	Growth factor to treat growth failure in children
Nevanac	Nepafenac	Ophthalmic medication for pain and inflammation from cataract surgery

Medication Errors

Doug Englebert, Pharmacy Practice Consultant

Medicare Part D and other health insurance plans typically limit coverage to certain medications through the use of a list of covered medications called a formulary. Occasionally, that list is modified. When that occurs, the insurance plans may allow patients who were on a covered medication to remain on that medication even when it is no longer a covered medication on the formulary. However, in other cases, the patient may need to change medications in order to have coverage. Also, when patients change insurance plans, they may also need to change medications in order for the medication to be covered.

Medication changes may lead to medication errors or adverse events. Patients may take both the old, leftover medication and the new, replacement medication. This can lead to double doses and toxicity. Pharmacies may dispense the wrong medication, since the old medication is still on file with instructions to refill. Physician records or facility records may not be updated with the change in medication, or the change may not be documented in the records, because it was done under the therapeutic interchange protocols.

Whenever there is a change in medication, it is important to make sure those changes are efficiently and effectively communicated to everyone that needs to know, and are documented in appropriate records.

Focus Drug of the Month

By Doug Englebert, R.Ph

Rozerem™

Rozerem™ (ramelteon) is a melatonin receptor agonist believed to have sleep-promoting properties similar to endogenous melatonin. Rozerem™ is thought to be involved in the maintenance of the circadian rhythm that controls the normal sleep-wake cycle.

Rozerem™ is administered in a dose of 8 mg taken within 30 minutes of going to bed. It is recommended that Rozerem™ not be taken with, or immediately after, a high fat meal. Rozerem™ should not be used in patients with severe hepatic impairment. Rozerem™ should be used with caution in patients with moderate hepatic impairment.

The most frequent adverse events leading to discontinuation in patients receiving Rozerem™ were somnolence (0.8%), dizziness (0.5%), nausea (0.3%), fatigue (0.3%), headache (0.3%), and insomnia (0.3%).

In the studies conducted for approval of this medication, a total of 654 patients were over the age of 64. Of those 654 patients, 199 were 75 years or older. No overall differences in safety or efficacy were observed between elderly and younger adult subjects. However, due to the small sample of the elderly population, Rozerem™ should be used with caution for this population.

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reduce the risk of disease and death. CMS has issued regulations requiring nursing homes to offer influenza and pneumococcal vaccinations. The CMS press release can be found at www.cms.hhs.gov/pf/printpage.asp?ref=http://63.241.7.79/media/press/release.asp?Counter=1688. In addition to the regulations, there are new Minimum Data Set (MDS) areas for facilities to code. The data will be used to publish quality measures on facility performance related to vaccination rates.

Facilities must also promote vaccination of their employees, especially those who have direct care responsibilities. In Long Term Care (LTC) settings, vaccination of employees has been shown to be as effective as vaccinating residents in preventing influenza. CMS has developed a training presentation that may help LTC and other providers. It can be accessed at http://www.cms.internetstreaming.com/index.php.

Hand Hygiene

The single most effective means to prevent infection is hand washing. Health care workers need to follow the CDC Hand Hygiene guidelines in order to prevent infections in health care facilities.

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consumers to evaluate plans and sign up. The Department of Health and Family Services is encouraging WI consumers who have SeniorCare to renew and maintain their SeniorCare benefit rather than signing up for Medicare Part D.

Individuals in nursing homes, and others who are dual eligible (eligible for both Medicare and Medicaid), will be automatically enrolled in a Medicare Part D programs beginning in October 2005. Coverage of medications and prior authorization requirements may change for dual eligible individuals. LTC surveyors and providers should review the Timely Services BQA memo 04-018. Part D plans, according to CMS guidance, are required to have emergency coverage options for medications that a resident is currently taking, but which are not covered on the new plan. Timely services will continue to apply and must be considered in the context of the needs of each individual resident.

Patients should be advised to take Rozerem™ within 30 minutes prior to going to bed and should avoid engaging in hazardous activities (such as operating motor vehicle or heavy machinery) after taking Rozerem™. Patients should not take Rozerem™ with, or immediately after, a high fat meal. Patients should consult their health care provider if they experience worsening of insomnia or any new behavioral signs or symptoms. Patients should consult their health care provider if they experience one of the following: cessation of menses or galactorrhea in females, decreased libido, or problems with fertility.

Rozerem™ does have some drug interactions and should be used with caution with other drugs metabolized by the liver enzyme CYP1A2, specifically drugs like fluvoxamine.

Rozerem™ is the first sleep medication in the melatonin class. It is unique and is intended for sleep onset only. As with all hypnotics, a thorough sleep assessment must be conducted including the medical, social, and environmental causes of insomnia. Non-medication treatments should be considered, prior to medication, as appropriate.

If there are medications you would like featured in this column, please send an email to Doug at **engleda@dhfs.state.wi.us**

Medicare Part D Fraud: As with all big benefits fraud will occur. There will be fraud directly from the plan itself and there is the potential that ruthless persons will use the opportunity to take advantage of the vulnerable. The following links are some resources to help with fraud: http://www.cms.hhs.gov/media/press/release.asp?Counter=1690 and http://www.wismedrx.org/reportaproblem/partdscams/.

Consultant's Corner

Doug Englebert *Pharmacy Practice Consultant PRQI*

This section will appear in each issue and will contain information that will answer your questions. If there is a topic about which you want more detailed information, please drop me an email at **engleda@dhfs.state.wi.us** and I'll research the topic.

1. **In a nursing home that has short-term stay residents for rehabilitation, with an average length of stay of 21 days, considering the OBRA guidelines, how do we look at medications like Lorazepam, Clorazepate and other benzodiazepines, when the resident has been on them for more than four months outside of the facility?**

   Residents who have been on benzodiazepines, especially long-acting benzodiazepines, for an extended period of time outside of the facility should not have these medications stopped or reduced too quickly. Facilities should assess the risk of these medications and create an appropriate care plan. In a facility where the length of stay is short, the consultant pharmacist, medical director, or others may communicate as appropriate with the family and attending physician to determine the need to evaluate the use of benzodiazepines. Expecting the facility to address the use of benzodiazepines, especially long-acting benzodiazepines, like Clorazepate, with a dose reduction is inappropriate and may actually harm the resident. If the resident ends up staying in the facility for a longer period of time, the facility should evaluate the benzodiazepine for dosage reduction within the facility. Dosage reductions for individuals on long term benzodiazepines should, in most cases, occur **very slowly**.

2. **Are facilities required to shake Advair ™ prior to administration?**

   Advair™ does not need to be shaken. Inhalers like Advair that are typically powder-based do not need to be shaken. Doing so may actually negatively affect the dose of the drug that is delivered.

3. **Can a nurse at a residential care apartment complex (RCAC), hospice, or home health agency take a verbal order from a physician and then call that order to the pharmacy and have the prescription filled?**

   First, verbal orders and telephone orders should be minimized as much as possible, because medication errors frequently occur when medications are ordered in this manner. RCACs, hospices, and home health agencies may each have various regulations concerning verbal orders. Those regulations need to be followed. However, nurses who take verbal orders and then call the pharmacy may find that the pharmacy may not take the order from the nurse. Pharmacies may have a concern that the nurse may not be associated with the physician, and may be practicing outside of the scope of the nurse's practice. RCAC's, hospices, and home health agencies who work with verbal orders, may consider working with the pharmacy to make sure there is a clear understanding that a physician is involved in the ordering process.

4. **Can a facility have medications labeled "use as directed?"**

   The phrase "use as directed" is ambiguous. It is possible that a pharmacy or facility may have "use as directed" instructions on a label, usually because the instructions are very long and cannot fit on a label, or can only fit on a label if unclear abbreviations are used. If a medication is labeled "use as directed," more specific instructions should be provided elsewhere, e.g. on the medication administration record or in the patient's chart. The "use as directed" instructions should lead facility staff to refer to the appropriate area to obtain the specific instructions in order to consistently administer the medications in the manner intended by the physician.

References are available upon request.